

Home and Community-Based Services (HCBS) Rules Reference Information

The Home and Community-Based Services (HCBS) rules supports people with disabilities to have full access to, and enjoy the benefits of, community living through long-term services and supports in the most integrated settings of their choosing. **Completion of this concept form is for the sole purpose of applying for compliance funding and does not take the place of provider assessments or remediation that the Department has required to determine provider compliance with the HCBS settings rules.**

Prior HCBS funding focused primarily on barriers to compliance with the 10 federal requirements of the HCBS Final Rule. HCBS funding for fiscal year 2021-2022 will still take the 10 federal requirements into account and will also place increased emphasis on the outcome of a provider's concept. To simplify the process, the federal requirements were placed in three categories that target similar outcomes. Those categories are Community Integration, Individual Rights, and Choice. A fourth category, Collaboration, may be used for a concept between multiple providers to develop a community resource or collaborate on a project benefiting multiple settings. The bulleted questions listed under each category are for providers to consider when thinking about their current operations and plans for the future. These questions should be used when considering ways to build a concept that will achieve increased person-centered practices ongoing.

Service providers may request a copy of their completed self-assessment, by contacting their regional center HCBS Program Evaluator. A blank copy of the assessment can be found at <https://www.dds.ca.gov/wp-content/uploads/2020/09/CADDSHCBSProviderSelfAssessment.pdf>.

More information on the HCBS rules and this form can be found at <https://www.dds.ca.gov/initiatives/cms-hcbs-regulations/>.

Questions may be directed to HCBSregs@dds.ca.gov.

Community Integration

How will providers support the following through their services?

- Individuals receiving services in the community based on their needs, preferences and abilities.
- Individuals participating in activities in the community, which are routinely accessed by the general public, and are not solely for the purpose of supporting people with disabilities, as part of their plan for services.
- Individuals exercising control over their schedules and activities.
- Opportunities for activities in the community that include meaningful interaction with individuals not receiving regional center services, not including paid staff or volunteers (e.g. development of hobbies or interests, volunteering, job training, etc.).
- Access to competitive integrated employment opportunities. Note: information on California's Competitive Integrated Employment Initiative can be found at <http://www.chhs.ca.gov/home/cie/>

Home and Community-Based Services (HCBS) Rules Reference Information

Individual Rights

How will providers support the following through their services?

- Informing individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint.
- Communication with individuals based on their needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.).
- Individuals have informed consent and regular review regarding residential agreements, admission agreements, or other forms of written residency agreements.
- Individuals taking active roles in program policies and shared house rules.
- Individuals understanding of the balance between the rights they have and respecting the rights of others, building skills of negotiation.
- Individuals' understanding of the different service options available to them, and working towards individualized goals with support.
- Choice regarding roommates or private accommodations.
- Visitors are welcome to visit the home at any time.
- Individuals going with visitors outside the home; such as for a meal or shopping, or for a longer visit outside the home, such as for holidays or weekends.
- Individuals having the freedom to move about inside and outside the home.
- For those requiring accessible supports, grab bars, seats in bathrooms, ramps for wheelchairs, etc., are available so that individuals can move about the setting as they choose.
- Appliances and furniture are accessible to every individual.

Choice

How will providers support the following through their services?

- Offering daily activities based on individual's needs and preferences.
- Structuring support so that individuals are able to interact with people they choose to interact with, both at home and in community settings.
- Structuring support so that individuals are able to participate in activities that interest them and correspond with their IPP goals.
- Supporting individuals in choosing which staff provide their care to the extent that alternative staff are available.
- Opportunities to modify services and/or voice concerns outside of the scheduled review of services (IPP review).
- Individuals having access to food at any time.
- Supporting individuals to set their own daily schedules.

Home and Community-Based Services (HCBS) Rules Reference Information

Collaboration

- Does your program excel in a particular facet of your service type that can be beneficial to other programs in coming into compliance and strengthening person-centered practices?
- Does your concept involve at least one additional agency who will share in the development and implementation of the concept?
- Are there increased benefits to people you serve by collaborating on this concept with other providers?
- Are you developing a community of practice? (i.e. a group of people who share a common interest and come together to learn from each other and achieve a common goal.)

Some previously funded concepts have successfully collaborated to assist other providers in enhancing their services through projects such as:

- Development of toolkits and resources regarding the Final Rule, or areas within the Final Rule (employment options, housing, person-centered planning, etc.), that can be broadly accessed.
- Training and knowledge-sharing with others in their catchment area.
- Creation of person-centered planning applications/software.

HCBS Final Rule: List of Federal Requirements

Federal Requirement #1: Access to the Community

The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.

Federal Requirement #2: Choice of Setting

The setting is selected by the individual from among setting options, including non-disability-specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.

Federal Requirement #3: Right to be Treated Well

Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.

Home and Community-Based Services (HCBS) Rules Reference Information

Federal Requirement #4: Independence

Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact.

Federal Requirement #5: Choice of Services and Supports

Facilitates individual choice regarding services and supports, and who provides them.

For providers who operate a residential setting:

Federal Requirement #6: Residential Agreement

The unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city or other designated entity. For settings in which landlord/tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord/tenant law.

Federal Requirement #7: Privacy

- 1. Each individual has privacy in his/her sleeping or living unit:*
- 2. Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.*
- 3. Individuals sharing units have a choice of roommates in that setting.*
- 4. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.*

Federal Requirement #8: Schedule and Access to Food

Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.

Federal Requirement #9: Right to Visitors

Individuals are able to have visitors of their choosing at any time.

Federal Requirement #10: Accessibility

The setting is physically accessible to the individual.

Home and Community-Based Services (HCBS) Rules Reference Information

Regional center vendors may receive funding to make changes to service settings and/or programs to enhance current services through individualized service delivery. To be considered for funding, vendors must complete and submit this form to the regional center with which it has primary vendorization.

Instructions:

- The concept form on the next page must be used, may not exceed four pages plus the budget worksheet and any cost backup, and must be kept in Arial 12-point font. Submit the form in Microsoft Word or PDF format. An extra half page is permitted to answer questions about prior funding.
- Using a form from previous years will negatively impact a concept score. Please use the current FY 21-22 form.
- For providers that operate programs with several vendor numbers involved in one concept, one blueprint and concept form should be submitted and should list all vendor numbers for related/included programs. If multiple programs owned by the same parent company have different blueprints or concepts, additional applications can be submitted but should be attached in the same document as the other owned programs so they can be reviewed together.
- The concept includes detailed information that describes the funding requests and supports how the requests will assist the provider in **enhancing person-centered service delivery**.
- Concepts should demonstrate how the requested change in service delivery will impact individuals in **offering more choices and opportunities**.

While concept development should be individualized for each provider, some common themes persist among those that have been previously selected for funding.

Strengths of previously funded concepts:

- Identified the need as well as proposed a plan to provide outreach and information regarding the HCBS rules to individuals served and members of their support teams.
- Discussed the need for additional funds to effectively support individuals served on a more individualized basis in overcoming barriers to community integration and employment, as appropriate.
- Prioritized the preferences of individuals served and utilized their feedback in the development of the concept.

Home and Community-Based Services (HCBS) Rules Reference Information

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|---|--|
| Vendor name | Next Step, Inc: Cobblestone Manor; Sandpiper Villa; Home Again ARF |
| Vendor number(s) | HS1212; HS1213; HS1214 |
| Contact Name | Dr. Heidi Morgan |
| Contact Email Address | drheidimorgan@me.com |
| Primary regional center | San Andreas Regional Center (SARC) |
| Service type(s) | Specialized Rate Facility (SRF) |
| Service code(s) | 113; 109 |
| Number of consumers typically and currently served | 16 See also Collaboration proposal to demo for up to 200 vendors/staff and offer to all registered provider users |
| Typical and current staff-to-consumer ratio | At least 1:2 (staff-to-consumer ratio). However, several of the individuals we support require additional staffing. |
| <p>1. Please provide a brief description of the service/setting. Include what a typical day consists of during regular program as well as how services are currently being provided. This response must include the baseline/current levels for any aspects of the program for which the concept proposes funding. If you have previously identified your program as compliant with the HCBS Final Rule through the Self-Assessment, what changes have occurred that has changed your level of compliance?</p> | |
| <p>We provide support in three locations throughout Santa Cruz County. As we walk out of the pandemic together, we have a larger variety of daily schedules than experienced at baseline. Some individuals remain home during the day by choice or for medical or behavioral reasons. Others attend various local behavioral day programs. During afternoons and evenings, each person engages in a preferred sequence of activities. Some prefer more solitary or quiet activities, and others enjoy the community gym or connecting with family. For those that want or need more solo time, we have 1-2 private bedrooms at each home. In early 2020, we reduced capacity at one home – Cobblestone Manor – to afford more choice, and person-centered, intensive support.</p> | |
| <p>Project Narrative Description: While filling out this section, reflect on how services are typically provided and how that might have changed in the past year. Think about what has been learned in the past year and how that might shape services going forward. Funding awarded through this concept can span the course of up to two years which would allow time to shape services to be more person-centered and align with the HCBS federal requirements.</p> | |
| <p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p> | |
| <p>We are 100% focused on extending the support and education offered to staff, including and extending beyond what is covered in Person-Centered Thinking training. PCT training provides an introduction to understanding what is important TO and FOR an individual, and the balance between them. In order to truly practice this, staff must be continuously engaged in the expectations of the HCBS Final Rule. However, we also seek to extend the practice to include other providers and their staff so that we can best generalize and maintain skills – hence the term “practice” that is used by medical providers, yogis and other specialists. We have an established history amongst Regional Center providers – and also of training providers – in establishing affordable, on demand, and relevant content within requested budgets.</p> | |
| <p>3. Identify which category/ categories this concept addresses.</p> | |

Home and Community-Based Services (HCBS) Rules Reference Information

- Community Integration
- Individual Rights
- Choice
- Collaboration

4. Please list the proposed objectives and outcomes of the concept, as well as the methods of achieving and tracking them. How will this concept assist you in reaching goals within the category that you are requesting funds?

We seek to take the lessons learned pre-pandemic and combine them with the person-centered lessons during the pandemic.

Outcomes and Objectives: We seek to collaborate with our sister agency, Essential CEU Institute (see www.essentialceu.institute) to create **up to 80 hours of live and online** education to meet each of the ten objectives outlined in the HCBS Final Rule, and to develop individualized performance metrics for each and every staff. **ECEUI has three TLPCP-certified instructors as well as experienced BCBA-D/BCBAs on the team.** Further, we seek to (a) submit all units to Community Care Licensing for continuing education approval and (b) extend our **CCL-approved, HCBS-supportive courses** to the entire provider community of registered users and (c) seek additional approval for specialists such as RNs, Administrators (ARF, GH, RCFE, EBSH, CCH), LPTs, LVNs, LPCC's, LEPs, LMFTs, LCSWs, and Behavior Analyst Certification Board certificants to benefit from these same courses. Thus, while direct supports are our primary target, our smart system of course development will allow all stakeholders – parents included – to participate in the same instruction, and to repeat the courses as often as necessary.

Second, we will revise all 60+ hours of current ECEUI courses to include the topic of **implicit bias**, which the Implicit Bias Training Stakeholder defined as, “An implicit bias is an unconscious association, belief, or attitude toward any social group. Due to implicit biases, people may often attribute certain qualities or characteristics to all members of a particular group, a phenomenon known as stereotyping.” Thus, the current and proposed courses would align with discussions of HCBS Final Rule and implicit bias. ECEUI runs thousands of learning sessions per month, including for employees of Next Step, Inc. and many other California providers who receive DDS funding.

Third, to address the pandemic elephant in the room – we must support staff in providing **trauma-informed care while experiencing trauma themselves.** Staff identify many stressors that are barriers to achieving long-term employment, to learning, mastering and keeping person-centered skills in their support toolbelts. These can be incorporated into our curriculum and benefit both individuals and their staff simultaneously.

In order to address the live/classroom-based needs that many staff may have, we have proposed the payment towards a lease/sub-leased of a **larger off-site training space** that can provide appropriate social distancing (e.g., pandemic precautions) with antigen testing using our CLIA waiver. Our last training space is no longer funded, and is also likely too small to safely consider in the current phase of the pandemic. We would like to identify a more suitable (and centrally located to mid-county) location for this purpose.

Home and Community-Based Services (HCBS) Rules Reference Information

Methods of Achieving and Tracking: We will use person-centered tools (Working/Not Working; 4+1; Learning Log; Communication Chart, etc.) to gather consumer and staff input about the helpfulness of the staff training, and whether it has generalized to the daily supports as intended. In addition, we will engage in at least quarterly reporting of course development progress to the San Andreas Regional Center. Persons engaging in tracking achievements will be able to access a live version of course progress at www.essentialceu.institute.

5. Please describe how and/or what was done to ensure that individuals served by the program led the development of this concept? Discuss not only the development of the concept, but also what steps were taken to identify the interests and desires of the individuals and who was involved in that process.

Individuals have been asked on an ongoing basis (at least quarterly, but also during weekly resident council meetings) to voice what is working and not working, and what our next steps may be. Individuals and families are aware of the challenges in the workforce today. While they are grateful to have staffing, they are also encouraged to share more about individual-staff compatibility; choice of schedule and social circles, but also of the responsibilities. We will continue to invite feedback from them, and also from our staff team. Our desire is to engage in strong staff support to achieve the outcomes requested by the individuals we support, and their own advocates.

6. Please describe how the concept you propose will enable you to provide more person-centered services to the individuals you serve.

While we have been able to offer PCT training, we have seen two concerns.

First, we are lucky to report that our Administrators have been with us for 8-18 years. However, the **DSP staff turnover has skyrocketed** industrywide, not just due to pandemic, but due to many more factors. That has been deflating because training has to be re-provided. This proposal will allow for that re-training of new staff.

Second, it is not possible to produce staff competence or confidence in person-centered supports with just one two-day training. We need to **continue to re-train** on this topic, but also provide numerous courses that cover each of the objectives in the HCBS Final Rule, and for each staff to demonstrate individual performance on each of the approved courses. These must be related to **implicit bias** and include **trauma-informed care**.

Addressing both concerns will be possible for Next Step, Inc. to achieve with its sister agency, ECEUI. **Once our NSI goals are met, we are happy to open these courses up to any registered user on the ECEUI platform.** This extends the likelihood that we can share content with other agencies (e.g., day programs that we collaborate with; nearby vendors that our individuals socialize with; consultants that support our programs, etc.). We have already achieved positive effects with the HCBS-friendly RBT training we created. We will replicate and extend these effects to courses with more detailed explanations of the HCBS Final Rule. This is critical because person-centered services represent the core of the HCBS Final Rule. However, person-centered thinking training does not discuss the HCBS Final Rule itself past one brief "CMS" requirement slide.

7. What percentage of individuals served by your program will directly benefit from implementation of this concept?

100%

Home and Community-Based Services (HCBS) Rules Reference Information

8. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2021-22 HCBS Funding.

Once the courses and activities are created, they will be available to both new and veteran staff for initial and ongoing use. They will be able to be applied to new staff, which addresses the significant turnover experienced by the industry as long as they are (a) relevant and (b) approved for use by Community Care Licensing (CCL).

9. Write a brief narrative below explaining each major cost category and timeline. Complete the budget template at the end of the concept sheet. An Excel version with formulas is available. When applicable, budgets should include personnel/benefits, operating costs such as consultants or training, administrative expenses/indirect costs, and capital costs (assets lasting more than 2 years). If project spans 2 years or occurs in phases, budget should be separated by phase/year.

Administrative costs, if any, must comply with DDS' vendor requirements, including a cap of 15% of the sum of personnel/benefits, consulting, and operating costs (must exclude capital costs). This information can be found at this [link](#).

In reading a simple [People] magazine on 11/7/21, we came across a quote that says it all: "I do my job, you do your job, and if we all do our jobs, we'll make wonderful music."

Consulting: \$25,000 payment to be made towards a TLCPCP-approved instructor (e.g., Trudy Marsh Grable) to collaborate with Dr. Heidi Morgan (also a TLCPCP-approved instructor) on content and sessions.

Training Development, Approvals (Year One): \$60,000 to update all existing courses for three key topics – *HCBS Final Rule; Implicit Bias; Trauma-Informed Care*. **\$104,000** to develop 40 course hours for live and/or online use. Will include topics consistent with the objectives of the HCBS Final Rule; Implicit Bias; Trauma-Informed Care. Cost includes submission to CCL and other applicable approval agencies (e.g., BRN; BNVPT; BBS; NASP; BACB, etc.). **\$48,000** to Moonbase Labs for technical features, accessibility (e.g., closed captioning and accompanying audio formatting, etc.). Live and/or online training will be demoed for up to 200 Administrators/staff once approved, and made available to the general provider public thereafter.

Training Development, Approvals (Year Two): \$104,000 to develop up to an additional 40 course hours for live and/or online use. Will include topics consistent with the objectives of the HCBS Final Rule; Implicit Bias; Trauma-Informed Care. Cost includes submission to CCL and other applicable approval agencies (e.g., BRN; BNVPT; BBS; NASP; BACB, etc.). **\$48,000** to Moonbase Labs for technical features, accessibility (e.g., closed captioning and accompanying audio formatting, etc.).

Operating Costs: We are requesting a \$3500 per-month allocation towards sub-lease of a larger, **off-site training and meeting space** that is conveniently located in mid-Santa Cruz County – halfway between each of the three NSI programs. $\$3500 \times 24$ months = **\$84,000**. To be used July 2022-June 2024. Payable to primary lessee, Essential CEU Institute.

Administrative Costs (within 15% cap): $\$473,000 \times .15 = \$70,650$. Half to be allocated in year one, and the other half in year two.

10. Please address sustainability of funding sources for all programs or concepts requiring any funding past the timeframe of the requested funding, especially those that involve staff or other

Home and Community-Based Services (HCBS) Rules Reference Information

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| long-term costs. Please mark "not applicable" if costs will all be incurred during the program timeframe; up to two years. | |
| N/A | |
| 11. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)? | HCBS Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____ |
| | Service Access and Equity Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____ |
| | CPP Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____ |
| | CRDP Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____ |
| If yes to any question be sure to answer questions 13 and 14. | |
| For providers who have received prior HCBS, Disparity, CPP or CRDP Funding from DDS | |
| 12. If your organization has received prior funding from any of the above sources, please provide an update on the prior funding project. You may copy and paste from progress update(s) previously provided to regional centers or DDS. | |
| N/A | |
| 13. If your organization received prior funding, please explain how the current funding request is not redundant with any prior funding received and/or builds on the prior funding but was not part of the original funding. | |
| N/A | |

| HCBS CONCEPT BUDGET | | | | | | |
|---|--|---------------|-------------|---------------|-------------|------------|
| Vendor Name | Next Step, Inc. (Cobblestone Manor; Sandpiper Villa; Home Again) | | | | | |
| Vendor Number(s) | HS1212; HS1213; HS1214 | | | | | |
| | Wage and Benefits | Year 1 Budget | | Year 2 Budget | | Total |
| | | FTE | Annual Cost | FTE | Annual Cost | Cost |
| Personnel (wage + benefits) | | | | | | |
| Position Description | | | \$ - | | \$ - | \$ - |
| Position Description | | | \$ - | | \$ - | \$ - |
| Position Description | | | \$ - | | \$ - | \$ - |
| Position Description | | | \$ - | | \$ - | \$ - |
| Position Description | | | \$ - | | \$ - | \$ - |
| Position Description | | | \$ - | | \$ - | \$ - |
| Position Description | | | \$ - | | \$ - | \$ - |
| Position Description | | | \$ - | | \$ - | \$ - |
| Personnel Subtotal | | | \$ - | | \$ - | \$ - |
| Operating expenses | | | | | | |
| Course consultant Trudy Grable (PCT) or equivalent | | | \$ 25,000 | | \$ - | \$ 25,000 |
| 40-hours Training Development and CCL Submission | | | \$ 104,000 | | \$ 104,000 | \$ 208,000 |
| Moonbase Labs Technical Features, Accessibility | | | \$ 48,000 | | \$ 48,000 | \$ 96,000 |
| Update Existing Courses (TIC; Implicit Bias; Person-Cer | | | \$ 60,000 | | | \$ 60,000 |
| \$3500/mo Sublease of Training and Meeting Space | | | \$ 41,000 | | \$ 41,000 | \$ 82,000 |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| Operating Subtotal | | | \$ 278,000 | | \$ 193,000 | \$ 471,000 |
| Administrative Expenses | | | | | | |
| Administrative Margin (15%) | | | \$ 41,700 | | \$ 28,950 | \$ 70,650 |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| Administrative Subtotal | | | \$ 41,700 | | \$ 28,950 | \$ 70,650 |
| Capital expenses | | | | | | |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| Capital Subtotal | | | \$ - | | \$ - | \$ - |
| Total Concept Cost | | | \$ 319,700 | | \$ 221,950 | \$ 541,650 |

See Attachment F for budget details and restrictions